



JONATHAN E. FIELDING, M.D., M.P.H.
Director and Health Officer

JONATHAN E. FREEDMAN
Chief Deputy Director

313 North Figueroa Street, Room 806
Los Angeles, California 90012
TEL (213) 240-8117 • FAX (213) 975-1273

www.publichealth.lacounty.gov



BOARD OF SUPERVISORS

Gloria Molina
First District

Mark Ridley-Thomas
Second District

Zev Yaroslavsky
Third District

Don Knabe
Fourth District

Michael D. Antonovich
Fifth District

May 10, 2010

TO: Each Health Deputy

FROM: Jonathan E. Fielding, M.D., M.P.H. *JE Fielding*
Director and Health Officer

SUBJECT: **UPDATE ON METHAMPHETAMINE PREVENTION AND TREATMENT SERVICES PLAN**

This is the final status report on the Department of Public Health's (DPH) methamphetamine (MA) prevention and treatment services plan that focuses on two populations identified as high-risk for MA use--young women and men having sex with men (MSM). DPH received County funding at the level of \$750,000 for MA prevention services countywide for fiscal years (FY) 2007-08 and 2008-09, and \$1 million from the Third Supervisorial District for treatment services located in the Third District, but available to all Los Angeles County residents beginning FY 2007-08 and continuing as long as funds are available from the Third District.

PREVENTION SERVICES

Prevention Services for Young Women

From July through December 2009, the Meth Prevention Collaborative (MPC), which includes the 13 prevention programs funded by the expanded initiative, implemented a variety of prevention activities within the eight Service Planning Areas (SPAs), utilizing \$105,029 of funding for prevention services. Since the inception of funding, a total of 2,598 young women have participated in these activities. The activities have included problem identification and referrals for one-on-one early intervention services; group education with high-risk young women; school-based education within the general population; and education targeted to parents regarding MA abuse prevention.

MPC has coordinated the "411 On Meth" campaign which was part of a countywide prevention and treatment effort disseminated to young people, parents, teachers, and other individuals to educate them about the impact of MA in their communities. The campaign raised awareness about the damaging effects of MA abuse on individuals, families, and communities. Assessment results showed that the number one contributing factor to use was availability of and access to MA. Three-quarters of the respondents identified parks or other open spaces (e.g., alleys and parking lots) as problem locations. Half of the respondents reported school campuses as another problem location. In addition, the assessment shows that many students and adults are reluctant to seek help for a MA addiction, indicating a need for more education and information on available resources.

On September 22, 2009, in conjunction with the "411 On Meth" campaign, MPC hosted a press conference to raise community awareness on MA abuse among individuals and families. The event took place at the Asian American Drug Abuse Program in Gardena. The speakers included Frank Sanchez, Deputy Director of Phoenix House Foundation, Desiree A. Crevecoeur-MacPhail, Ph.D., Research Psychologist and Principal Investigator of University of California Los Angeles (UCLA) Integrated Substance Abuse Programs (ISAP), and Didra Brown Taylor, Director of Community and Relations and Resources at the Charles Drew University of Medicine and Science. The event was attended by prevention providers, key staff from UCLA, and media representatives from KABC-TV Channel 7 (English), LA18 (Chinese), Pete Griffin (University of Southern California), TVK24 (Korean & English), KTAN TV (Korean), and Radio Seoul (Korean). MPC's next steps are to address the sale of drug paraphernalia and to further strengthen overall countywide prevention efforts.

Prevention Services for Men Who Have Sex with Men (MSM)

DPH has implemented a bio-behavioral intervention which combines post-exposure prophylaxis (PEP) with contingency management (CM). The specific aims of this pilot project are four-fold: 1) to assess the feasibility of employing a combination PEP+CM intervention in MA-using MSM; 2) to assess the impact of the intervention on MA use and sexual risk behaviors; 3) to increase medication adherence rates as compared to historical controls in other PEP cohorts which were non MA-using; and 4) to assess prevalent and incident sexually transmitted infections. To date, 38 actively MA-using, non-treatment MSM have been enrolled in this pilot project. Of the 38, 21 individuals have initiated and completed the PEP with a mean medical adherence rate of 73.8%, and 31 individuals have completed the CM program with a mean attendance rate of 49.6%. Further analysis is being conducted on retention rates, sexually transmitted disease prevalence and incidence, and behavioral follow-up, which will be shared in the final comprehensive report.

Community Level Prevention Services

All eight community coalitions have individualized their responses respectively to the MA epidemic in each of the SPAs. The coalitions are focusing on developing strong collaborations with non-traditional providers including businesses, school groups (teachers, youth, and parent groups), churches, law enforcement, and mental health providers in order to increase their impact in the community and sustain their activities without funding. They are continuing to respond to the need for training and education by providing trainings on the dangers and signs and symptoms of MA use and how to refer individuals in need of help with an MA addiction.

Due to the success of a "Train the Trainer" curriculum conducted with all the coalitions, each coalition now has a small cadre of qualified speakers who can conduct trainings based on community need. The community coalitions are collaborating to convene an executive type briefing to provide an update on the successes and lessons learned from the MA investment and highlight their accomplishments thus far. This briefing would also be used to engage senior leadership in a cross-system discussion and collaboration on how to further maximize the sharing of data and resources to continue to address the MA problem in Los Angeles County. To accomplish this, the coalitions are hoping to engage the following parties: the Board, the MA-funded treatment and prevention service providers, and the departments of Public Health, Mental Health (DMH), Children and Family Services, and the Sheriff.

TREATMENT SERVICES

Treatment Services for Young Women

From July to December 2009, a total of 98 women who have identified MA as their primary or secondary drug of choice were admitted to treatment for residential and outpatient services. Of this number, 61 were admitted for residential services and 37 for outpatient services. To date, 44% (\$159,117) of funding for residential services and approximately 43% (\$51,735) of funding for outpatient services have been utilized. SAPC continues to hold quarterly meetings to discuss any concerns providers may have with regard to the continuity of services and overall effectiveness of service delivery. As an example, discussion identifying the gap in available psychiatric services for MA using individuals has been prevalent. The DPH continues to attempt to engage the DMH in a discussion around leveraging existing services and collaborating to address this need.

Training and Technical Assistance for Treatment Services for Young Women

ISAP recently completed an evaluation of the treatment services provided to young women by the nine MA-funded treatment providers. The evaluation covered the period of January 2008 through June 2009, and included data on 172 unique episodes of women of all ages admitted into treatment (the age limit was eliminated in May 2009). In February 2010, the evaluation report was disseminated for review by the participating treatment providers. Based on comments received from the providers, the Substance Abuse Prevention and Control (SAPC, formerly Alcohol and Drug Program Administration) is currently revising the evaluation report.

In January 2009, Dr. Neva Chauppette provided on-site technical assistance using evidence-based strategies for MA-using women to the nine participating treatment providers. The results of her training were evaluated through pre and post test assessments which will be included in the final report.

Treatment Services for MSM

Between March 2008 and December 2009, a total of 119 HIV-negative gay men or transgender clients have been served through the Comprehensive Individualized Care (CIC) program. The total number of client treatment episodes during this period was 129 (seven clients have had a least one additional treatment episode at one of the three agencies). The number visits per agency were: 59 at Rainbow Bridge, 19 at Tarzana Treatment Centers, and 51 at Van Ness Recovery House. The demographic data collected through these visits reveal the CIC program is successfully reaching high-risk gay men as indicated by the unstable housing situation experienced by 63.9% of clients (ie. homeless). The sample reports high rates of injection drug use (any drug injected in the last 12 months = 39.5%, MA injected in the last 12 months = 37.8%) and a high rate of unprotected sex under the influence of MA. Both of these practices increase the risk for HIV infection.

Through this process, a number of program quality improvement areas have been identified, including the consistent use of screening tools and criteria for enrollment by each site; an increase in the completeness in client records to document effectiveness of services; an increase in the availability of skilled mental health clinicians to conduct comprehensive assessments; and the implementation of individualized and comprehensive treatment plans. To respond to these quality improvement issues, the following services have been provided: on-site chart review, technical assistance to assess the completeness of records, and the development and implementation of specific screening tools. Additional measures include: trainings on evidence-based treatment strategies, the hiring of a mental health practitioner to enhance staff capacity, and funding allocated for psychotropic medications to address the gap in mental health services. Although one of the three providers had a slow start-up at the beginning of the project, all agencies are currently working at full capacity and fully maximizing available funding, indicating a need for slots for HIV-negative gay men.

Training and Technical Assistance for Treatment Services for MSM

Technical assistance for the three agencies identified above has been a key component to ensuring individualized services and that a gold standard of care is being implemented. Based on the program logic model, a monitoring review tool was developed with specific indicators tied to the overall outcomes of the project. To ensure quality improvement is being implemented, Dr. Neva Chauppette provided on-site chart review and technical assistance to address performance gaps during April, May and June with follow-up conducted in November and December. Data analysis is also being conducted on program performance, and the DPH Office of AIDS Programs and Policy (OAPP) is working closely with their contracted agencies to ensure that valid client level data are being entered.

In order to continue to provide the training and technical assistance for agencies serving the MSM population, OAPP released an Invitation for Bids (IFB) in November 2009. Once the IFB process is complete, the services are anticipated to begin in September 2010. On May 14, 2010, SAPC, in collaboration with Pacific Southwest Addiction Technology Transfer Center, will conduct a training on "Evidence-Based Addiction Treatment Strategies for Women and the Lesbian, Gay, Bisexual, and Transgender Community."

CRYSTAL METHAMPHETAMINE WORK GROUP

The Crystal Methamphetamine Work Group continues to meet quarterly, under the leadership and active support of DPH. At the October and December 2009 meetings, the Work Group provided comment on the recommendations presented by the Funding and Programs subcommittees. The Work Group reviewed progress against its Action Plan and agreed on what the next steps should be to address key issues, which included onsite involvement by DMH on co-occurring disorder (COD) cases, assessment of the possible impact on MA-funded programs by developments in the insurance field, alternative funding options for MA programs in light of budget cuts, and cultural competency for programs and gender responsiveness of treatment interventions.

NEXT STEPS

The two-year County investment of \$750,000 for MA prevention, training and technical assistance activities expired on December 31, 2009 for services to young women and February 28, 2010 for the MSM population. Despite discontinued funding for the community coalitions, three coalitions have elected to continue their work in their communities. Specifically, the MA task forces for SPAs 1, 3, and 7 have forged strong community collaborations that the group concluded was important to sustain; therefore, planning and development activities of these task forces will continue. In addition, as referenced above, the coalitions are planning to convene an executive briefing within the next six months to highlight their work and engage senior leadership in discussions around cross-system collaborations and further leveraging services for better client care.

The end date for PEP/CM project prevention services for MSM has been extended due to a slow start-up. In order to allow sufficient time for the pilot project to reach the overall goal of enrolling 55 eligible participants, the project will be extended through December 31, 2010. Savings will be carried over to extend the services through December 31, 2010; no additional funding has been identified.

During the project period, the MPC providers assessed MA associated risk factors and gathered data on the severity of the problems among young women. Each MPC program tailored plans to address the unique cultural, developmental, and gender needs of young people within their targeted communities. In FY 2009-10, SAPC allocated additional funding to enable the MPC providers to further strengthen their school collaborations and provide services for high-risk youth, specifically females within the school setting. The services are also required to address the key community risk factors identified during the assessment process, and create strategies to increase protective factors. SAPC will continue to monitor the programs' progress in implementing innovative strategies for addressing the community problems. Additionally, SAPC is finalizing evaluation reports of the MA prevention and treatment projects for young women.

The Third Supervisorial District invested \$1,000,000 for each three cycles for meth-specific treatment services located in the Third District. Based on Board approval, program implementation began on March 1, 2008. In order to fully maximize the MA services for MSM, OAPP spread this funding over 12-month periods from its inception. Savings from the original investment (an estimated \$277,200) will be carried over into FY 2010-2011 and is expected to last until March 1, 2011. To date, no additional funding has been identified.

A final report on the overall MA prevention and treatment services plan will be sent to your office by the end of May. In the meantime, if you have any questions or need additional information, please let me know.

JEF:jr
PH:609:010(9)

c: Chief Executive Officer
County Counsel
Executive Officer, Board of Supervisors
Director of Mental Health
Director of Children and Family Services
Director of Public Social Services
Sheriff